

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	68904	7/23/02
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	RS	61730	
RESPONSE FORMALITY REVIEW	RS	61730	10-29-02

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/23/02
2	✓	✓	7/23/02
3	✓	✓	7/23/02
4	✓	✓	7/23/02
5	✓	✓	7/23/02
6	✓	✓	7/23/02
7	✓	✓	7/23/02
8	✓	✓	7/23/02
9	✓	✓	7/23/02
10	✓	✓	7/23/02
11	✓	✓	7/23/02
12	✓	✓	7/23/02
13	✓	✓	7/23/02
14	✓	✓	7/23/02
15	✓	✓	7/23/02
16	✓	✓	7/23/02
17	✓	✓	7/23/02
18	✓	✓	7/23/02
19	✓	✓	7/23/02
20	✓	✓	7/23/02
21	✓	✓	7/23/02
22	✓	✓	7/23/02
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25	✓	✓	7/23/02
26	✓	✓	7/23/02
27	✓	✓	7/23/02
28	✓	✓	7/23/02
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42	✓	✓	7/23/02
43	✓	✓	7/23/02
44	✓	✓	7/23/02
45	✓	✓	7/23/02
46	✓	✓	7/23/02
47	✓	✓	7/23/02
48	✓	✓	7/23/02
49	✓	✓	7/23/02
50	✓	✓	7/23/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY If more than 150 claims or 10 actions  
staple additional sheet here

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